

Dear Parents,

Please complete this information sheet and have your child return it to school tomorrow. I really appreciate your help with this. I need to check all my records for accurate information. Thank you!

Child's Name: _____
Street Address: _____
City and zip code: _____
Phone Number: _____
Family Email address: _____
Child's date of birth: _____
Mother's Name: _____ Father's Name: _____
Emergency Contact's Name: _____
Phone Number: _____
Child's Nickname (for school use): _____
Please list the names and ages of all brothers and sisters in the family.

In the event that your child is absent:

____ work can be sent home with _____, Room _____
____ work can be sent to the office
____ or parent will call the office to give instructions

Family status: (information is confidential)

____ married ____ separated ____ divorced ____ remarried ____ widow/er ____ single

Name of person with legal custody (if applicable): _____

Child lives with: _____

Please check the groups that apply to your child: ____Caucasian ____African American
____ Asian ____ Hispanic ____ Latino ____ Native American

Does your child have any special considerations that I should know about as his/her teacher: allergies to any foods, bee stings, others, needs to wear glasses, has hearing or speech impairment, CORA, Title 1, Extended Day, etc? (Please explain; use the back if necessary.)

My child will ____ stay at school or ____ go home for lunch.

Please fill in how your child will go home for dismissal.

Line 1 - in front of the Church Line 2 - Fox Chase Library

Line 3 - Stanwood Street Line 4 - Stanwood and Ridgeway Sts.

My child takes line: _____ St. Cecilia's CARES: _____

Fox Chase Rec After School Program: _____

Bus: Philadelphia # _____ Abington # _____ or Cheltenham _____